

# DIAGNOSTIC RADIOLOGIC TECHNOLOGY SCHOOL APPLICATION

## IDENTIFICATION

Name of school or sponsoring institution		Telephone number (       )                      Ext.	
Address (number, street)	City	County	ZIP Code
Name of administrative head	Title		
Director of the course of study	Title		

Indicate qualifications

- ☐ Radiologist certified by the ABR
 ☐ Certified Radiologic Technologist
 ☐ Radiologic Physicist certified by the ABR
- ☐ Other (explain):

## CURRICULUM

1. Is your school's curriculum in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No   If copy not attached, please explain: _____	2. Total length of training—months _____	
3. Indicate <b>total hours</b> of training in the following areas:		
_____ Formal classroom instruction	Laboratories: _____ General radiographic	_____ Supervised clinical education
_____ Radiation protection	_____ Radiation protection	_____ Other (specify): _____
_____ Seminars, discussions, demonstrations	_____ Positioning	_____

## ORGANIZATION

1. Indicate type of school.	
<input type="checkbox"/> Public community or junior college	<input type="checkbox"/> Hospital <input type="checkbox"/> Other (explain): _____
2. Indicate teaching time.	
<input type="checkbox"/> Day school only <input type="checkbox"/> Evening school only	<input type="checkbox"/> Both day and evening school <input type="checkbox"/> Quarter system <input type="checkbox"/> Semester system
<input type="checkbox"/> Continuous	<input type="checkbox"/> Other (explain): _____
3. School year	4. Accreditation
Starting month: _____	Is your school accredited by the AMA Council on Medical Education? <input type="checkbox"/> Yes <input type="checkbox"/> No
Graduation month: _____	Type and length of approval: _____
5. Affiliation—name(s) of affiliated hospital(s) or college(s) <i>(NOTE: Please complete clinical training facilities form for each affiliated hospital.)</i>	
6. Indicate degree or certificate granted.	7. Does your school have an active advisory committee?
	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, attach a list of members.

## RECORDS

1. Are all administrative policies clearly stated in writing and maintained in the administrative records?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Are all records of individual students maintained showing the following?	Yes	No
2. State your school's policy in keeping and issuing transcripts.			Attendance	<input type="checkbox"/>	<input type="checkbox"/>
			Grades	<input type="checkbox"/>	<input type="checkbox"/>
			Teacher's observations	<input type="checkbox"/>	<input type="checkbox"/>
			Clinical experience record	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you keep records of the following?	Yes	No	6. Student progress evaluation	Yes	No
			Is progress of each student evaluated at the end of each teaching unit?	<input type="checkbox"/>	<input type="checkbox"/>
			Is evaluation done at midterm?	<input type="checkbox"/>	<input type="checkbox"/>
			Does the evaluation consist of written exams?	<input type="checkbox"/>	<input type="checkbox"/>
			Do you keep copies of the content of all final exams?	<input type="checkbox"/>	<input type="checkbox"/>
Agreements with other schools, agencies, organizations	<input type="checkbox"/>	<input type="checkbox"/>	List other forms of evaluation: _____		
All correspondence with the State Department of Health Services	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Course outlines of all Radiologic Technology courses	<input type="checkbox"/>	<input type="checkbox"/>			
4. Indicate your school's admission policy.	Yes	No	7. Are you in compliance with state regulations regarding radiation protection?	Yes	No
High school diploma required	<input type="checkbox"/>	<input type="checkbox"/>	8. Radiation protection officer—name/title	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance by the admission committee	<input type="checkbox"/>	<input type="checkbox"/>			
Other requirements (please explain): _____					
_____					

## FACULTY

1. List names and academic titles of all instructors teaching diagnostic radiologic technology or subjects related to radiologic technology.

Name	Degree	Title	Teaching Credential	Radiologic Technologist Certificate Number

2. Do you keep the following records on each teacher?

Yes No

Workload by subject	<input type="checkbox"/>	<input type="checkbox"/>
Hours taught	<input type="checkbox"/>	<input type="checkbox"/>
Percent of full-time teaching	<input type="checkbox"/>	<input type="checkbox"/>
Percent devoted to administrative duties	<input type="checkbox"/>	<input type="checkbox"/>
Subjects taught in the past	<input type="checkbox"/>	<input type="checkbox"/>

## FACILITIES

1. Instructional facilities—describe rooms used for radiologic technology training—number, size, and use.

2. Classroom equipment

Yes No

Are classes equipped with a chalkboard (blackboard)?	<input type="checkbox"/>	<input type="checkbox"/>
Are enough seats provided for all students?	<input type="checkbox"/>	<input type="checkbox"/>

3. Reference library—does the library have:

Yes No

Up-to-date standard textbooks and reference materials on radiologic technology?	<input type="checkbox"/>	<input type="checkbox"/>
Periodicals on radiologic technology?	<input type="checkbox"/>	<input type="checkbox"/>

4. X-ray equipment—Describe diagnostic x-ray equipment your school possesses.

	Max kV	mA
	Max kV	mA
	Max kV	mA
	Max kV	mA

5. Describe film processing equipment.

6. Describe facilities used for laboratory demonstration and practice.

7. Describe phantoms available.

8. List audiovisual aids available.

**ENROLLMENT**

1. Number of students in the following categories:

_____ Total	_____ Expected to graduate each year
_____ Day classes only	_____ Maximum the program could accept each year
_____ Evening classes only	_____ Maximum the school can accommodate at any one time
_____ Day and evening classes	

2. Estimated number of applications for admission received per month

3. Number of applications for admission received in previous year

**SUPPLEMENTS**

Please append to this application one copy of the following material:

	Appended	Not Appended
1. School catalog or bulletin	_____	_____
2. Blank application form for admission	_____	_____
3. Graduation certificate marked "copy"	_____	_____
4. Forms used for records and evaluations	_____	_____
5. List of course textbooks, references, and periodicals	_____	_____
6. Joint review committee accreditation	_____	_____
7. Course descriptions, curricula, and study plans	_____	_____
8. All affiliation agreements, properly signed	_____	_____
9. Radiation protection course outline	_____	_____
10. Advisory committee—composition and function	_____	_____
11. Transfer credit policies	_____	_____

**ATTESTATION**

Name of person completing this application

**Oath: I certify that, to the best of my knowledge and understanding, the foregoing is true and accurate and, further, that the school meets the standards stipulated by California Laws Relating to Radiologic Technology and the implementing regulations.**

Signature of administrative head or director of the school

Title

Date



## CLINICAL TRAINING FACILITIES

[illegible]

Please mail completed form to:

Certification Unit  
California Department of Health Services  
Radiologic Health Branch, MS 7610  
P.O. Box 997414  
Sacramento, CA 95899-7414

For additional information, go to [www.dhs.ca.gov/rhb](http://www.dhs.ca.gov/rhb) or phone (916) 327-5106.